


<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/780,893
	Filing Date	02/19/2004
	First Named Inventor	ITO et al.
	Group Art Unit	2839
	Examiner Name	PRASAD, CHANDRIKA
	Attorney Docket Number	24-012-TB-RCE

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input checked="" type="checkbox"/> <b>Fee Attached</b> <input checked="" type="checkbox"/> <b>Amendment / Response</b> <input checked="" type="checkbox"/> <b>After Final</b> <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>Extension of Time Request</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement and Form PTO-1449	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; width: fit-content;">Request for Continued Examination (RCE) Transmittal</div>
<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request of Refund <div style="border: 1px solid black; padding: 2px;">Remarks</div>	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC
Signature	
Date	January 11, 2007